L17005199448

(Red	questor's Name)	-
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(Add	dress)	-
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT:	ADRENAL	INA LUMINOZA LLC	
30661.	Name of Lin	nited Liability Company	•
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	-
Please return all corres	pondence concerning this matter	to the following:	
	N	IARIA CORREA DE MELLO	
		Name of Person	
	ADI	RENALINA LUMINOZA LLC	
		Firm/Company	
	5833 S GOL	DENROD ROAD UNIT B PMB #4	03
		Address	
		ORLANDO, FL 32822	
		City/State and Zip Code	
		TERACCTG@YAHOO.COM	
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
MARIA CORREA DE		407 2774049 at ()	
· Name	of Person	at ()	e Telephone Number -
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLÉS OF ORGANIZATION OF

	DRENALINA LU:	• "		l
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L. Clorida document number L17000199448	iability Company	were filed on	09/26/2017	and assigned
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the des	signation "LLC" or the s	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	5833 S GOLDENROD ROAD UNIT B PMB #403		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32822		
Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE	<u>BOX)</u>	5833 S GOLDEN ORLANDO, FL	IROD ROAD UNIT I 32822	3 PMB #403
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address her	ffice address on e: REA DE MELLO	our records, enter	the name of the n
	5833 S GOLDI	ENROD ROAD UN	IT D PMD #403	200 D
New Registered Office Address:	3033 8 3312		la street address	
	ORLANDO		, Florida ³	2822
		City	,	ZipiGode

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Maria Joseph Correa de Mello Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	MARIA CORREA DE MELLO	5833 S GOLDENROD ROAD	
		UNIT B PMB #403	□ Remove
		ORLANDO, FL 32822	■ Change
			Remove
			Change
			Add
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a.m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00